IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR C	DFFICE RECEIVING T	THE GIFT	OR BEQUEST:
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Clarinda Correctional Facility		8
Name of Department or Office 2000 N. 16th Street	Clarinda, IA 51632	
Mailing Address 712-542-5634	City, State, Zip Code	
Area Code & Telephone No.		

CONTACT PERSON FO		

Meredith Baker	
Name	
Mailing Address (if different from above) meredith.baker@iowa.gov	City, Stale, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Name	
1515 150th Street	Corydon, IA 50060
Mailing Address	City, State, Zip Code
515-745-0408	
Area Code & Telephone Number	Г

06/07/18 \$50.00 Date of Gift or Bequest Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:	
\$50 cash donation for the CCF Chapel Fund.	
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the sta	ite.

Statement of Affirmation:

L Randy Gibbs	affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and
assessment of the fair me	ket value (if applicable) is correct and true to the best of my knowledge.
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Comple	06/07/18
Signature	Date